



JAMES A. STEVENS, DMD

8080 Hickory Flat Highway
Woodstock, GA 30188
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HEALTH HISTORY UPDATE

Name: _____

Email: _____

Physician's Name: _____

Date of last physical: _____

Are you in good health? Yes _____ No _____

Have there been recent changes in your health? Yes _____ No _____

If so, what changes? _____

Are you under the care of a physician? Yes _____ No _____

If so, what conditions are you being treated for? _____

What medications are you currently taking?

Have you had any of the following diseases or problems? (Yes or No)

Cardiovascular disease (heart, stroke, heart murmur, arteriosclerosis) _____

Rheumatic Fever _____ Anemia or Blood Disorders _____

High or low blood pressure _____ Diabetes _____

Hepatitis Jaundice or Liver disease _____ Arthritis or Rheumatism _____

Kidney disease _____ Stomach ulcers _____

Tuberculosis _____ Tumors or Malignancies _____

Asthma, sinus problems _____ Nervous condition _____

Blood transfusion _____ Venereal disease _____

HIV or Aids _____ Seizure disorder _____

Do you take medication for osteoporosis _____

Prolonged bleeding from an injury, tooth extraction or surgery? _____

Allergies:

Penicillin _____ Codeine _____ Aspirin _____ Latex _____ local anesthesia _____ Mercury _____

Gold _____ Silver _____ Nickle _____ other _____

Signature _____ date _____

Staff Use _____ Confirmation of Medical History _____

Date _____ Changes _____ Initial _____



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Financial Policy

Thank You for choosing us as your dental care provider!

In an effort to keep dental costs down, while maintaining a high level of professional care, we have established this financial policy for your benefit. In an effort to operate our office as efficiently as possible we will schedule each appointment with your specific needs in mind. Therefore, if you are more than fifteen minutes late, we may have to reschedule your appointment. If you are unable to keep your scheduled appointment, please contact us immediately. **We require a 24-hour cancellation notice to avoid a broken appointment fee of \$50.00.** We will make every effort to provide a courtesy reminder by post card and or phone call.

All returned checks will incur a \$45.00 fee for processing. Account balances over 90 days are subject to collections.

- Payment is expected at the time of service, and for your convenience we offer the following types of payment arrangements:
- 2 equal payments: for major multi appointment treatment. One half is due at the beginning of treatment and the balance is due at treatment completion.
- Care Credit is available is 0% interest with 6 months to pay for your treatment. You may apply at carecredit.com.
- Prepayment Courtesy: for treatment over \$600.00 a 5% immediate pre-payment courtesy will be applied if treatment is paid in full at the time of first appointment.

DENTAL INSURANCE

IT IS YOUR RESPONSIBILITY TO KNOW YOUR INSURANCE BENEFITS.

By definition dental insurance is a contract between the contracted individual and the insurance carrier. Therefore, all patients are responsible for all dental fees regardless of insurance company, and payments. Our Doctor cares for his patients not based on insurance but on over all dental health, preventive and restorative needs. We do provide an additional service for our insured patients by submitting their claims free of charge directly to their carrier under the following guidelines:

All copayments and estimates of your portion are due at the time of service.

If the insurance company sends the payment to the patient, payment is due at in full at time of service.

Patients using insurance be advised that our office files claims as a courtesy to you, not a requirement. In the event that your insurance company has not paid claims within 60 days of the filed, any unpaid charges become the responsibility of the patient as does the follow up with the insurance company.

I have read and understand this financial policy.

Signature

Date